

Morrow County Transportation Collaborative AMERICANS WITH DISABILITIES ACT (TITLE II) / SECTION 504 COMPLAINT FORM

The Morrow County Transportation Collaborative (MCTC) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by MCTC, its recipients, sub-recipients, and contractors.

Date of Filing: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Work Phone: _____

Home Phone: _____

Email Address: _____

Date of Alleged Incident: _____

Indicate below the person(s) who you believe discriminated against you:

Name(s): _____

Work Location: _____

Work Phone: _____

Please provide a detailed description of the alleged incidence of discrimination. If there are any witnesses, please provide their contact information. Attach additional pages as necessary.

Please provide a suggested detailed plan or remedy for this complaint. Attach additional pages as necessary.

Have you filed or do you intend to file a complaint concerning this incident with any other agencies (Federal, State or Local)?

_____ Yes _____ No

If so, please provide the following information as is currently known:

Agency Name: _____

Address: _____

Name of Investigator: _____

Phone Number: _____

Email Address: _____

Date Filed: _____

Status of Complaint: _____

Please attach and/or provide any additional information that might be useful in processing your complaint.

This completed form must be submitted to the Morrow County Transportation Collaborative ADA Coordinator at 619 West Marion Road, Mt Gilead, Ohio 43338. If you require assistance in filling out this form, please contact the Morrow County Transportation Collaborative Customer Complaint Representative by calling 419-949-2699.

Signature

Date

MCTC Form
ADA-01
7-04-216